



**Tina P. Moses, DMD, PC**

**Pediatric Dentistry**

1240 Augusta West Pkwy • Augusta, Georgia 30909  
Phone: 706-863-6262 • Fax: 706-863-6465

**PATIENT INFORMATION UPDATE**

Please print all information clearly. Please include area code with all phone numbers.

**CHILD'S NAME** \_\_\_\_\_ **CURRENT AGE** \_\_\_\_\_

**FAMILY RECORD UPDATE:**

Is there any change in your address or phone number?  YES  NO

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

With whom does the child live?  Mother  Father  Guardian  Both Parents

Have you or child's other parent changed employment?  YES  NO

Parent \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Has your dental insurance carrier changed?  YES  NO

New Ins Carrier \_\_\_\_\_

Member ID \_\_\_\_\_ Group No \_\_\_\_\_

Has your child changed schools?  YES  NO

Name \_\_\_\_\_

**MEDICAL UPDATE:**

Has your child's physician changed?  YES  NO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have a medical condition(s) Dr. Moses should be aware of?  YES  NO

What? \_\_\_\_\_

Is your child allergic to any medicines or foods?  YES  NO

What? \_\_\_\_\_

Has there been any change in your child's health or medical history since the last dental visit?  YES  NO

What? \_\_\_\_\_

Is your child taking any medications, prescription or over the counter?  YES  NO

List \_\_\_\_\_

Has there been any injuries to the teeth, head or neck since the last dental visit?  YES  NO

Explain \_\_\_\_\_

Is there any condition or problem you wish to bring to the attention of Dr. Moses?  YES  NO

List \_\_\_\_\_

Payment for services is due in full at the time of treatment unless prior arrangements have been made.  
If this account should go to collections, you will be responsible for all collection fees and any attorney fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child